



STATE BOARD OF PODIATRIC MEDICAL EXAMINERS

4201 Patterson Ave • Baltimore, MD 21215-2299 • Phone: 410-764-4785 • Fax: 410-358-3083

APPLICATION FOR A LIMITED LICENSE

FORMS AND DOCUMENTS REQUIRED:

Item	Description	For Board Use Only
1.	Application with recent passport sized photograph attached to upper right hand corner, with notarized signature .	
2.	NON-REFUNDABLE Application Fee \$100 For Limited License Check payable to: State Board of Podiatric Medical Examiners	
3.	Podiatry College Transcript - Official Copy	
4.	Notarized Residency Affidavit for any previous post-graduate training.	
5.	National Board Scores – Part I & Part II. Only official reports bearing the seal of the National Board of Podiatric Medical Examiners are acceptable. Order at 1-877-302 8952	
6.	State Licensure Affidavit (Applicable to any applicant who is licensed in or has ever held a license in another state). Limited/Temporary Licenses included.	
7.	Copy of your Letter of Appointment to the matched Residency Program.	
8.	For Rotations Only: Copy of Affiliation Agreement between your current residency program and the Maryland residency program you will be attending.	
9.	Jurisprudence Exam & Ethics Lecture	

JURISPRUDENCE EXAMINATION & ETHICS LECTURE Online Lecture & Jurisprudence Examination by Board

Forward completed application to: Board of Podiatric Medical Examiners
4201 Patterson Avenue, Room 310
Baltimore, Maryland 21215-2299

**STATE OF MARYLAND
BOARD OF PODIATRIC MEDICAL EXAMINERS
APPLICATION FOR A LIMITED LICENSE**

Last Name First Name Middle

Present Address

City State Zip code

Phone Number Email Address

Permanent Address

City State Zip code

Phone Number

Date of Birth Place of Birth

Social Security Number: _____

Note: Your social security number will be used for identification purposes and will be released to the Department of Public Safety and Correctional Services to check for any criminal convictions.

Name of Podiatry College Attended and Graduation Date

Are you currently in an out-of-state residency program that requires rotation in a Maryland hospital?

YES ☐ NO ☐ If yes, please enter Maryland Hospital & Rotation Dates:

RESIDENCY PROGRAM

Name of Facility: _____

Address: _____

Date: _____

Is your application for licensure before another State Board at this time? YES ☐ NO ☐

If yes, give details: _____

Have you ever been refused examination by a State Board? YES ☐ NO ☐

If yes, give name of Board and details: _____

Have you ever been convicted of a crime? YES ☐ NO ☐

If yes, give details: _____

Have you ever been addicted to, or treated for addiction to drugs or alcohol? YES ☐ NO ☐

If yes, give details: _____

List state(s) which you have been licensed to practice podiatry. Please note that a Licensure Affidavit form must be completed by the Licensing Board for each state listed.

State: _____

License Number _____

Date of original issuance: _____

Expiration Date: _____

State: _____

License Number _____

Date of original issuance: _____

Expiration Date: _____

Has your license to practice in any State ever been subject of an investigation and/or disciplinary action?

YES ☐ NO ☐ If yes, give details: _____

List any previous postgraduate clinical training or / and, If you have practiced, list locations and years of practice:

AFFIDAVIT

I, _____ being duly sworn do hereby swear that I am the person in this application for licensure before the Maryland Board of Podiatric Medical Examiners, and that the statements herein contained are true in every respect. If granted licensure, I will comply with all requirements of the laws governing the practices of podiatry in the State of Maryland, and pledge that I shall abstain from all deceptive and fraudulent methods of practice, immoral, unethical unprofessional conduct and will conduct my practice in accordance with the Code of Ethics adopted by the profession.

Signature of applicant

Date

Subscribed and sworn before me this _____ day of _____

NOTARY PUBLIC

My commission expires _____

SEAL AND STAMP

On-Line Application



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STATE LICENSURE AFFIDAVIT

THIS PORTION TO BE COMPLETED BY APPLICANT AND FORWARDED TO LICENSING BOARD(S) IN THE STATE(S) WHERE LICENSED.

_____ Last	_____ First	_____ Middle
_____ Date of Birth	_____ Social Security Number	
_____ State Board	_____ Podiatry College & Date of Graduation	

THIS PORTION TO BE COMPLETED BY STATE LICENSING BOARD

License Number _____ Date of Original Issue _____

Is License in Good Standing? _____ Expiration Date of License _____

License Type: ☐ Full/Unrestricted ☐ Temporary/Limited ☐ Other, please specify: _____

Licensed by: ☐ State Examination ☐ without Examination ☐ Other, Please specify: _____

Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state? YES ☐ NO ☐ If "yes", please attach documentation

Have formal disciplinary proceedings been initiated against applicant's license by a disciplinary authority in your state? YES ☐ NO ☐ If "yes", please attach documentation

Has the applicant ever been warned, censured or in any other manner disciplined or has applicant's license been revoked, suspended, or in any other manner limited by a licensing or disciplinary authority in your state? YES ☐ NO ☐ If "yes", please attach documentation

_____ Form Completed by:	_____ Title
_____ Signature	_____ Date

State Board

**PLEASE AFFIX
BOARD SEAL**
(not valid without board seal)



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RESIDENCY AFFIDAVIT

THIS PORTION TO BE COMPLETED BY APPLICANT AND FORWARDED TO THE RESIDENCY PROGRAM(S) ATTENDED

Last First Middle

Date of Birth Social Security Number

Name of Facility

Address

Dates of Attendance

THIS PORTION TO BE COMPLETED BY THE RESIDENCY PROGRAM DIRECTOR

This is to certify that the above named applicant:

- ☐ is currently attending and has now successfully completed _____ years of postgraduate clinical training in the program listed above. **OR**
☐ has successfully completed postgraduate clinical training in the program listed above.

ADDITIONAL COMMENTS:

Name & Title of Program Director

Signature of Program Director Date

(_____) _____
Office Telephone

NOTARY SEAL & STAMP
(Not valid without seal)